

Commonwealth of Kentucky
Department of Insurance
215 West Main Street - P.O. Box 517
Frankfort, KY 40602
502-564-6082 - FAX 502-564-4604



CHECK REMITTANCE FORM FOR FOREIGN COMPANIES

Please Check (✓) Box by the Company Type Preferred:

Other Approved Reinsurers: ☐

Surplus Lines: ☐

ONE (1) CHECK REMITTANCE FORM MUST BE COMPLETED IN FULL FOR EACH COMPANY IN ORDER TO BE ACCURATELY CREDITED FOR PAYMENT. DO NOT COMPLETE ONE FOR MULTIPLE COMPANIES OR BY GROUPS

****DUE DATE: MARCH 1**

COMPANY NAME _____

CONTACT PERSON _____ PHONE NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

IRS NUMBER _____

NAIC NUMBER _____

GROUP NUMBER _____

CHECK NUMBER _____ CHECK DATE _____

Annual Statement Filing Fee - \$100.00

TOTAL DUE: \$100.00

Checks must be made payable to the Kentucky State Treasurer. Mail information to the attention of Regina Goodrich, Commonwealth of Kentucky, Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517. (Overnight mail must be sent to 215 West Main Street, Frankfort, KY 40601.)